**Informal Case Presentation II**

**Pseudo-Brittany**

Case Background/Brief History/Psychosocial Concerns: Client(s) problems and needs

* 28-year-old, White, Female
* Admitted 10/23/18
* Opioid Dependence, no current mental disorders
* Biomedical conditions: going to see a gastroenterologist (GI) for rectal/colon issues.
* Environment: Has 7 children, recently had a baby 3 months old. Oldest child is 13 years old. Married. Very close to her father. Mother is in active addiction. Has a brother that molested her daughter; he is in jail. Did not report any other siblings.
* Working with Brittany both individually and groups.
* Problems and needs: Learn healthy boundaries with mother. Maintaining her household with her children and husband while in recovery. Learning how to deal with the guilt and shame from using and not being present with her children.

What specific theory and interventions are you using with the client(s) and what is your rationale for this choice?

* CBT: Reframing her negative thinking and irrational thoughts of how she is a bad mom and catastrophizing.
* Narrative Therapy: having her write a letter to her one of her kids a week to read it and process it to learn that her feelings are valid and that her caring makes her a good mom. As a counselor and working with my supervisor I have learned to help clients learn that feeling remorseful is a good thing.
* Motivational Interviewing (MI): Challenging her ambivalence of the boundaries she has not set with her mother pertaining to her recovery.

What have been client changes/outcomes thus far?

* Brittany is beginning to accept that she is not as horrible of a mother as she thinks she is.
* She is working on not letting the fear take over her about going to the GI doctor
* Coming to every group/individual/doctor appointment
* Consistent clean urine drug screens

What is making this case such a challenge for you? How much of the challenge you are experiencing is coming from you?

* Having her see the boundary issue between her and her mother. She doesn’t think it will affect her recovery.
* This may be a fight for me to get her to see the boundary issue, so I have let it go. If it comes up, I use MI with her.
* I just found out about her daughter being molested by her Uncle (which is Brittany’s brother). She was actively using; this is where a lot of guilt comes from.

What use-of-self issues are present in this case for you? How does your use of self strengthen or threaten the therapeutic alliance?

* Strength: Using empathy, being present, reflecting, maintaining eye-contact, leaning forward, remaining silent, and head-nods.
* Strength: Asking her if she would like to try something like writing a letter.
* Strength: Educating about stages of cancer and catching it early.
* Strength: telling her about her strength and resourcefulness of family history of colon cancer and not letting fear take her over and going to the doctor when certain signs appeared.
* Threaten: Pushing her to gain an understanding oh how the boundary issues with her mother could have an effect on her recovery.

What ethical issues did you confront in this case, if any, and how did you address them?

* Her losing her Medicaid and the agency continuing to treat her. However, she would have gone into detox if she would have stopped taking Subutex immediately. This is a double -edge sword. The agency decided to treat regardless of her losing her Medicaid.

Have there been any policy challenges? Barriers to services?

* The barrier as explained above is her losing her Medicaid temporarily after she had her baby. She has been reinstated.

What are the issues on which you would like feedback from your peers and/or questions for discussion?

* What do you see that I am not seeing with this client?
* Are there any other Interventions I should be using with her?